



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: FORMS

**Subject: PERS Prior Authorization
Form
SLTC- 240**

PURPOSE:

The Personal Emergency Response System (PERS) Prior Authorization form is used to send a notification to Mountain Pacific Quality Health (MPQH) for the following purposes:

1. Referral to initiate a prior authorization for PERS services
2. Change of PERS providers
3. Notification of member discharge from CFC

REFERRAL:

A referral must be completed upon completion of the Member's CFC Person Centered Plan (PCP). The Plan Facilitator will complete the form and fax it to MPQH. MPQH will enter the PERS prior authorization into the Xerox claims system and return the prior authorization number to the Plan Facilitator.

CHANGE OF PERS PROVIDERS:

When a member chooses to change PERS providers, the Plan Facilitator must submit a new Prior Authorization form to MPQH to end date the old prior authorization and generate and assign a new prior authorization number for the new PERS provider.

MPQH NOTIFICATION OF MEMBER DISCHARGE FROM CFC:

When a member discharges from CFC the Plan Facilitator must notify MPQH in order for the prior authorization to be end dated.

INSTRUCTIONS:


The Plan Facilitator must complete the following:
(Check the appropriate box indicating which of the following actions is occurring)

- a. Referral

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b. Change of PERS providers

c. Discharge from CFC

d. Prior Authorization End Date (if applicable) 

Enter: Plan Facilitator's Name
 Plan Facilitator's Phone
 Member's Name
 Member's Medicaid ID #
 PERS Provider Name

NOTE: The PERS provider must be contacted prior to selection to determine the type of service provided, the cost of service per unit and whether an installation fee is required.

Enter: Provider Medicaid ID #

Select the type of Service: PERS Installation
 PERS Rental

Appropriate modifier: Agency based PERS does not require the use of a modifier for billing.

Requested Units: Rental Unit = 1 month of service
 or
 Installation Unit = 1 installation charge

The current units must cover the number of units for the service authorization period. If the member is beginning PERS in the middle of the service year the number of units must be pro-rated to the number of months left before the next annual member visit.

For example: 12 months = 12 units
 January-July = 7 units

Authorized Units: Authorized units should be left blank. MPQH will fill out the authorized units at the bottom of the form.

Date Span: List the date span that corresponds to the authorization period and current units listed.

Comments: Enter additional comments.

Agency Signature/phone/date: Plan Facilitator will sign, provide a contact phone number and date the Prior Authorization Form.

Note: Upon form completion, the Plan Facilitator must fax the Prior Authorization Form to MPQH.

MPQH will enter the prior authorization into the Xerox system and return the form to the Plan Facilitator. MPQH will complete the information on the bottom half of the form, including the PERS prior authorization number, the total number of units authorized, and the date span. The MPQH reviewer will sign the form prior to faxing it to the Plan Facilitator.

➤ Upon receiving the PERS prior authorization number from MPQH, the Plan Facilitator must complete the PERS Referral Form, SLTC-241 form in its entirety. The Plan Facilitator will then submit the form to the PERS provider to initiate the member's PERS service.

DISTRIBUTION:

A copy of this form must be retained by the Plan Facilitator in the member file.

